PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

				Or THE CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2000			
INSTRUCTIONS: This appropriate. All further indicated unless corrected to the control of the con	form should be used for correspondence including d below or directed others	or trang the erwise	smitting the ISSU Patent, advance ord in Block 1, by (a)	E FEE and PUBLICA ders and notification o) specifying a new cor	TION FE maintena respondence	E (if requi nce fees w ce address;	red). B vill be n and/or	locks 1 through 5 sh nailed to the current (b) indicating a sepa	nould be completed where correspondence address as trate "FEE ADDRESS" for
maintenance fee notificat CURRENT CORRESPONDI	N F p h	ote: A cer ee(s) Trans apers. Eacl	tificate of smittal. Thi n additiona n certificate	mailing s certifi l paper, of mail	can only be used for cate cannot be used for such as an assignment ing or transmission.	r domestic mailings of the or any other accompanying nt or formal drawing, must			
28289	7590 07/24/	2009							
THE WEBB L. 700 KOPPERS I 436 SEVENTH	I S a tt	hereby cer tates Posta idressed to ansmitted	tify that th I Service vo the Mail to the USP	in Cate is Fee(s ith suff Stop I TO (57)	of Mailing or Transi) Transmittal is being icient postage for firs SSUE FEE address) 273-2885, on the day	g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.			
PITTSBURGH,		Christ	ine P.	Mar	ney	(Depositor's name)			
				7	AHIV	stine.	MA	MAR NOIN	(Signature)
	•			1	Octobe	r 13,	2009	- 1223 - J	(Date)
	· ·			<u> </u>				NEW BOOKEENIO	CONFIDMATION NO
APPLICATION NO.	FILING DATE			FIRST NAMED INVENT	OR .			RNEY DOCKET NO.	CONFIRMATION NO.
10/595,463 01/23/2007				James Cameron Taylor			014574-000019 1093		
TITLE OF INVENTION	: BALING APPARATU	S							
APPLN. TYPE	SMALL ENTITY	SMALL ENTITY IS		PUBLICATION FEE DU	E PREV.	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES		\$755	\$300		\$0		\$1055	10/26/2009
EXAMINER		ART UNIT		CLASS-SUBCLASS	SS				
NGUYEN, JIMMY T 3			3725	100-040000					
1. Change of correspondence address or indication of "Fee Address" (37				2. For printing on th	e patent fr	ont page, li	st		
CFR 1.363).				(1) the names of up to 3 registered patent attorneys The Webb Law Firm or agents OR, alternatively,					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.									
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO	BE PRINTED ON T	THE PATENT (print or	type)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSI	(B) RESIDENCE: (CITY and STATE OR COUNTRY)								
CREO PRODUCTS LIMITED				Lancashi	re, Un	nited 1	Kingo	lom	
Please check the appropriate assignee category or categories (will not be printed on the patent):									
				b. Payment of Fee(s): (l					
4a. The following fee(s)	are submitted:		41	b. Payment of Fee(s): (I		г геаррау а	ny prev	lously paid issue ice	Shown above;
 ☑ Issue Fee ☑ Publication Fee (No small entity discount permitted) 				X Payment by credit cardX KXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
 ☒ Publication Fee (No small entity discount permitted) ☒ Advance Order - # of Copies 10 				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-0650 (enclose an extra copy of this form).					
Advance Order -	# of copies			overpayment, to D	eposit Acc	ount Numb	er <u>23</u> .	<u>-0650</u> (enclose a	in extra copy of this form).
	atus (from status indicate ns SMALL ENTITY stat			☐ h Applicant is no	longer clai	iming SMA	LL EN	TITY status. See 37 C	CFR 1.27(g)(2).
NOTE: The Issue Fee at	nd Publication Fee (if rec	uired)	will not be accepte	ed from anyone other th					the assignee or other party in
interest as shown by the	records of the United St	ates Pa	itent and Trademark	COTTICE.					
Authorized Signatur	() hnhi	h(hr	W	D	ate <u>Oct</u>	ober	13, 2009		
Typed or printed nan			egistration		1				
This collection of informan application. Confide	nation is required by 37 (ntiality is governed by 33	CFR 1 5 U.S. e USP	.311. The informatic. 122 and 37 CFR	on is required to obtain 1.14. This collection is depending upon the i	or retain a s estimated ndividual o	benefit by I to take 12 case. Any c	the pub minute ommen	lic which is to file (an s to complete, includi ts on the amount of ti	nd by the USPTO to process ing gathering, preparing, and ime you require to complete

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the allound of time you begin to the the strength of the strength o

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.